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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Zambia

Proposed UNFPA assistance:	$10.25 million, $8.25 million from regular resources and $2.0 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Fifth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	6.25	2.0	8.25
Population and development strategies	1.25	-	1.25
Programme coordination and assistance	0.75	-	0.75
Total	8.25	2.0	10.25

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ZAMBIA

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1]	47	≥60
Contraceptive prevalence rate (%)[2]	25	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3]	12.99	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4]	134.0	≤65
Infant mortality rate (per 1,000 live births)[5]	82	≤50
Maternal mortality ratio (per 100,000 live births)[6]	650	≤100
Adult female literacy rate (%)[7]	65	≥50
Secondary net enrolment ratio (%)[8]	71	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001*.
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision*.
6/ The World Bank, *World Development Indicators, 2000*.
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	10,649	Annual population growth rate (%)	2.09
Population in year 2015 (000)	14,796	Total fertility rate (/woman)	5.66
Sex ratio (/100 females)	101	Life expectancy at birth (years)	
Age distribution (%)		Males	42.6
Ages 0-14	46.5	Females	41.7
Youth (15-24)	20.7	Both sexes	42.2
Ages 60+	4.5	GNP per capita (U.S. dollars, 1998)	330

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support the Government of Zambia in achieving its population and development objectives over the period 2002-2006, with particular emphasis on improving the country's sexual and reproductive health status. The proposed programme of assistance, which will be UNFPA's fifth programme of support to Zambia, would be funded in the amount of $10.25 million, of which $8.25 million would be programmed from UNFPA regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of $2.0 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. Zambia is a "Category A" country under the Fund's resource allocation system.

2. The proposed programme was developed in close consultation with the Government of Zambia, non-governmental organizations (NGOs) and bilateral assistance agencies. It takes into account the recommendations of the midterm review of the fourth country programme and the programme evaluation of April 2001. The proposed programme has benefited from the findings and recommendations of the Common Country Assessment for Zambia and is in line with the resulting United Nations Development Assistance Framework. Special attention has been given to ensuring that the proposed programme reflects and strengthens national population and reproductive health strategies and the Government's decentralized sector-wide approach (SWAp) for health promotion.

3. The overall goal of the fifth country programme is to contribute to an improvement in the quality of life of all Zambians, with a primary focus on preventing HIV/AIDS through improving sexual and reproductive health and rights, promoting gender equality and equity, and achieving population trends commensurate with socio-economic development. In particular, programme activities would focus on prevention of the spread of HIV/AIDS among young people through increased access to information, education and sexual and reproductive health services. Gender-based violence, as it relates to the overall health of the victims as well as its consequences for social development, would be addressed in the sexual and reproductive health package. Other population and development areas that would receive attention relate to national efforts to reduce maternal mortality and to strengthen the continuing integration of population, gender and HIV/AIDS concerns into national plans and development programmes.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. According to preliminary data from the 2000 population census, Zambia's population has grown from 3.5 million at Independence in 1964 to 10.3 million in 2000. Although the rate of growth has been consistently high, at around 3 per cent a year, it declined slightly to 2.9 per cent a year during the 1990s. Analysis of census data, together with the results of the 2001 demographic and health survey (DHS) that is now under way, will determine whether this decrease is due to an increase in mortality as a result of HIV/AIDS, among other causes, or a decrease in the fertility rate. According to available data, the infant mortality rate is 112 per 1,000 live births. Child mortality has increased from 70.7 per 1,000 live births in 1980 to 94.7 per 1,000 in 2000, while life expectancy has declined from 55 years in the 1980s to 37 years in 2000. Maternal mortality is still high, at 649 per 100,000 live births (1996), and the crude death rate has risen from 15 per 1,000 in the mid-1980s to over 20 per 1,000 in 2000.

6. Most of the major socio-economic indicators in Zambia have declined over the past decade, due primarily to HIV/AIDS and widespread poverty. The severe demographic distortions arising from the impact of HIV/AIDS are affecting the most productive age group (20-50 years). The loss of the most educated and skilled nationals to the HIV/AIDS pandemic is rapidly decreasing the capacity of the formal economy as well as of national institutions and civil society organizations to function effectively. The agriculture sector, which is the main activity of the majority of the population, is increasingly affected as well.

7. A 1998 survey carried out by the Government found that 19.7 per cent of the population aged 15 to 49 were reported infected with HIV virus. Ministry of Health data estimate that 100,000 persons develop AIDS each year. Approximately 700,000 adults and children have died of AIDS-related causes, and by 2014 it is estimated that some 1.6 million persons will have succumbed to the disease. The impact of the HIV/AIDS pandemic is felt in every aspect of Zambian society. Significant demands are placed on fragile social services, especially in health and education. Many households that struggle to cover the costs of medical care become further impoverished. Grandparents are often charged with the care of many of their grandchildren. In an increasing number of cases, there is the phenomenon of the children who have lost their parents that are forced to assume responsibility for and provide care for siblings. The number of "street children", who are mostly orphans, is increasing, and the current number has been estimated at 600,000. In response to this national emergency, a National HIV/AIDS Strategic Plan has been developed and a multisectoral National AIDS Council and Secretariat have been set up to implement the strategy.

8. The health and development of adolescents is of particular concern to the Government. A 1999 survey carried out in peri-urban areas around Lusaka showed that 78 per cent of adolescent boys and 56 per cent of adolescent girls (15-19 years) reported that they had had sexual intercourse at least once. A 1997 survey revealed that the majority of young men were

not using condoms or using them irregularly. Knowledge of modern contraceptive methods is high, but the extent of use is generally low, partly due to problems of availability and access, including lack of youth-friendly health centres and irregular supplies.

9. A number of NGOs are actively addressing these issues with some success, albeit on a limited geographical scale and mainly in urban areas. There is considerable social marketing of condoms by NGOs funded by the United States and the Planned Parenthood Association of Zambia (PPAZ), also mainly in urban areas. Youth-friendly clinics have been opened in recent years, again primarily in urban areas, with support from UNICEF, CARE International and PPAZ. Although little documentation exists, unsafe abortions are common; some evidence of which is provided by admission data to hospitals and clinics for cases with complications.

10. Zambia faces significant gender equality and equity challenges. Few women are in decision-making positions in any sector of the economy, and only 10 per cent of parliamentarians are women. Although the legal age of marriage is 18, half of the women in the country marry before that age. Almost 60 per cent of young women have either given birth or are pregnant by the time they reach 19 years of age. There is a high level of illiteracy among women, and the majority eke out a living in small-scale trading in the informal sector and in subsistence agriculture. It is estimated that only about 20 per cent of women are in the paid labour force, the majority being in lower-paying, less-skilled occupations. Women in wage-based employment receive 10 per cent less than their male counterparts in comparable positions. Despite constitutional and legislative provisions, women still experience disadvantages in enforcement of laws in matters of property ownership, inheritance and marriage. Gender-based violence, which is generally known to be widespread, is often not reported because of cultural constraints.

11. Public policy is changing to address issues in gender relations more actively. A national gender policy was approved in 2000, and there is a government unit to oversee gender issues. There are also many active NGOs that undertake awareness raising and empowerment activities, including the PPAZ. Their advocacy and awareness-raising activities have included gender issues among young men. Victim support units are in place and their services are being increasingly accessed. Efforts are being made to sensitize law enforcement institutions to recognize and handle gender issues more effectively.

12. Zambia is committed to the ICPD Programme of Action, the Beijing Platform for Action and to other international conventions and instruments in the area of social development, such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The Government has demonstrated its commitment through adoption of relevant policies and strategies, although implementation is limited. Another positive development is the increasing involvement of the media in population and other development matters, providing wide coverage of such issues as sexual and reproductive health, HIV/AIDS and gender.

Previous UNFPA assistance

13. Cooperation between UNFPA and the Government of Zambia began in 1972, with the first country programme commencing in 1984. There have been a number of achievements in which UNFPA assistance has been a major facilitating factor. These include the development of the national population policy; contributions to carrying out three national population censuses and three demographic and health surveys; the establishment of the Demography Department at the University of Zambia and the consequent training of a large cadre of nationals in demography; the acceptance of family planning and sexual and reproductive health by the Government; widespread adoption by the Government and local communities of sexual and reproductive health-related information for adolescents and educational activities and materials; the approval of the national gender policy; and, most recently, advocacy with respect to HIV/AIDS and its impact on social and economic development.

14. An assessment undertaken during the fourth country programme emphasized the need to provide more cost-effective, in-country training to cover a larger number of nationals, rather than international training, which has limited coverage and is more costly. The assessment also noted the need to train project support staff. However, there was only limited follow-up because of funding shortfalls that occurred in 1999 and 2000. Nevertheless, as additional support became available in 2001, it was possible to undertake in-country training for some project partners.

15. A major lesson of previous country programmes was that they were based on unrealistic assumptions about the priority as well as the resources that the Government could give to population and development matters in the face of other pressing social and development concerns. Programme effectiveness has been weakened, *inter alia*, by conceptual approaches that are too broad and the lack of capacity of partners. There was also a lack of baseline data with which to measure the impact of programmes. Furthermore, the benefits of the public service reforms and decentralization are yet to be fully realized because of a weakened management cadre and infrastructure. The proposed country programme will assist in addressing these issues within the limits of available resources.

Other external assistance

16. Major external donors in the area of reproductive health include the United Kingdom, which is providing support for the supply of contraceptives generally and, in particular, under a community-based distribution programme in Eastern Province. The United Kingdom also contributes to the development of the sector-wide approach and to the "health basket" fund, which provides pooled donor and government funds for operational costs at the district level. UNICEF, the European Union and the Governments of Denmark, Ireland, the Netherlands, Sweden and the United States are participants and contributors to the health sector-wide approach. Assistance from Japan is focused on the provision of equipment, supplies (including

contraceptives and HIV testing kits) and related laboratory work. The Netherlands is also providing technical assistance, including doctors at the district level, and is supporting the provision of drugs.

17. The United States is supporting a number of NGOs that are very active at the community level in the social marketing of condoms and oral contraceptives, in peer education, and in a large integrated, multi-province health project that trains health workers and provides equipment and supplies in nine districts. Sweden has been supporting adolescent reproductive health peer education, while Ireland has been very active in strengthening reproductive health services in one province and is considering focusing on another needy province beginning in 2002. Germany is supporting reproductive health at the district level in Southern Province. Some external donors, including the Governments of Canada and the United Kingdom, have provided support to NGOs for addressing gender-based violence, including victim support units, but much remains to be done in this area.

18. Among United Nations agencies, UNICEF and WHO are contributing to the reproductive health area through their work in training of health workers and, in the case of UNICEF, through involvement in adolescent sexuality and HIV/AIDS education, including developing school curricula. UNFPA remains in close communication with both its UN and bilateral partners to ensure complementarity of inputs, including through a newly revived reproductive health committee, the quarterly "health basket" meetings and the expanded theme group on HIV/AIDS.

19. In the area of population and development strategies, there is very little involvement by bilateral or United Nations agencies, with the exception of support for gender issues and the national census. At the national level and partially at the district level, there is considerable support for gender-related activities, especially from the Netherlands and Norway. The United States Agency for International Development (USAID) has traditionally supported the DHS and will continue to do so except that it is experiencing a funding gap that UNFPA could appropriately fill, given the importance and relevance of the survey to documenting the status of reproductive health in the country.

Proposed programme

20. The goal of the fifth country programme is to improve the quality of life through activities that would accelerate implementation of national population, gender and youth policies, as well as health, HIV/AIDS and reproductive health strategies. Such efforts would complement reform-focused activities in the economic sectors and contribute to the Government's efforts to achieve the ICPD and ICPD+5 goals.

21. Reproductive health. The purpose of the proposed reproductive health subprogramme is to: (a) contribute to an increasingly supportive environment for all Zambians to exercise their

reproductive health rights; (b) increase safe sexual practices and prevent HIV/AIDS and sexually transmitted infections (STIs); and (c) increase use of quality, gender-sensitive, integrated reproductive health services, especially by women and young people (10-24 years of age). There will be two focuses, one at the national level and a second at the provincial level.

22. In line with the government policy of decentralization, the main focus of assistance would be at the provincial and district levels, using approximately 60 per cent of country programme resources through two closely linked clusters of activities, namely service delivery and community-based education and social mobilization. Four component projects covering peer and parent reproductive health education, gender-based violence, maternal health and refugee reproductive health would be implemented. At the national level, 10 per cent of resources would be allocated to enhance the effectiveness of national coordination of reproductive health services and support for the provinces as well as for the dissemination of educational materials through nationwide youth-oriented skills training centres. The proposed programme is innovative in that service delivery and demand creation would be closely linked, community-based partners would work as a consortium (as in the previous country programme), and reduction of gender-based violence would be included in all components because of its linkage with the spread of STIs and HIV/AIDS and of its effect on the physical and mental well-being of individuals and families.

23. The programme would focus on one province, based on the experience of the previous country programme, which demonstrated that geographical focus is necessary to enhance impact. North-Western Province has been selected by the Government because of the level of need and the fact that UNFPA has already laid the groundwork in a number of areas. The province has also been chosen because no other major partner is working there in the area of reproductive health and there are few other NGO inputs. North-Western Province has a population of 610,975. Solwezi, the provincial capital, is a major crossroads for the province, with many visiting traders – a factor that exacerbates the potential for spread of HIV infection. The province hosts Meheba, the biggest refugee settlement in the country, which has a population of around 50,000.

24. The poverty level in North-Western Province is high, recorded at 60 per cent of the population in 1996. Approximately 43 per cent of all deliveries occur at home; fertility levels remain high (6.2 in 1996); and the unmet need for family planning is 18 per cent. HIV prevalence was estimated at 11.6 per cent in 1996 and is likely to be higher now. Age at marriage and first birth for half the female population is very young (below 18 years) and infant mortality was 96 per 1,000 live births in 1996. There are nine district hospitals, 121 health centres and one general hospital. There are also eight health clinics in the Meheba refugee settlement. Many services suffer from understaffing and from irregular and inadequate supplies as well as maintenance, communication and transportation problems. There are two nurse-training institutions in the province.

25. The first expected output of the reproductive health subprogramme is strengthened management capacity of programme and project managers, both governmental and NGO, at central, provincial and district levels. At the provincial level, the reproductive health subprogramme would contribute to strengthening the capacity of government and religious reproductive health services in North-Western Province and would support community-based activities that reinforce the inputs to health services – a complementary demand creation and service provision strategy.

26. The amount currently provided by the nine cooperating partners, including UNFPA and the Government, into the "health basket" fund is inadequate to meet district needs, and the Government is encouraging all partners to increase their contributions. The basket funds are distributed by the Government on a quarterly basis for basic operating costs, including basic drug kits and other commodities. The Government has made a considerable effort to address the initial constraints in management, monitoring and reporting of the basket funds.

27. At the national level, staffing and other forms of institutional support would be provided to strengthen the capacity of the Reproductive Health Unit of the Central Board of Health to oversee activities in the country, monitor progress and address weaknesses. The unit would also be responsible for acting as the secretariat to the joint government/partners reproductive health committee in which UNFPA would play an active role. A high priority for the reproductive health committee would be to ensure reproductive health commodity supply security. Assistance would include providing technical advice to strengthen planning, logistics and procurement mechanisms and to ensure adequate national budgetary allocations, donor coordination, resource mobilization and incorporation of reproductive health commodities into the procurement system.

28. The second expected output is improved access to quality, client-friendly reproductive health services, with emphasis on family planning, safe motherhood and prevention of HIV/AIDS and STIs for women, men, adolescents, including refugees, in as many hospitals, health centres and refugee clinics in North-Western Province as possible, given the resources available. The District Health Management Teams would manage the service delivery component, with close linkages to the four community-based components. Activities would include the provision of equipment and the training of clinic and hospital staff to deliver reproductive health services. At the national level, staff in the Reproductive Health Unit, working closely with the Human Resource Unit, would ensure that sufficient and appropriate staff would be available to provide services at district and provincial levels. They would also ensure that sufficient supplies, including contraceptives, are available and that the national Information, Education and Communication (IEC) Unit would be closely involved in supporting provincial activities.

29. The third expected output is strengthened community-based peer education related to reproductive health, especially the prevention of HIV/AIDS, aimed at adolescents, parents and other caregivers in the community. Activities would be carried out in linkage with externally supported income-generating activities as well as to the programme of the skills development units of the Ministry of Sport, Youth and Child Development. The peer education activity would also include the community-based distribution of condoms through peer educators and the creation of youth-friendly corners in service delivery points.

30. The fourth expected output is sensitization of communities for the prevention of gender-based violence and improved management and care of survivors. Health staff would be trained to recognize gender-based violence and treat, counsel, document and refer victims to victim support units, which would receive support to improve their capacity. There would also be a comprehensive programme of community education and empowerment involving village leaders, aimed at educating women about their rights and assisting men to understand and address violence-related issues as well as sensitizing members of the law enforcement and judicial systems.

31. The fifth expected output is advocacy, community mobilization and behaviour change communication campaigns to support reproductive health. This activity would be coordinated by the Zambia Information Services, which would work closely with the staff of the District Health Management Teams and the various community-based project components. The project would also address a limited number of reproductive health advocacy issues at the national level. In order to ensure that the provincial activities are culturally sensitive, a small team of researchers from the national university and other research organizations would assist project partners to plan and carry out operationally oriented sociocultural research activities for the provincial activities. They would also be responsible for assisting with the gathering of data for monitoring and evaluation.

32. For many years, UNFPA has supported the incorporation of population issues into school curricula. Under this new programme, linkages to schools from community-based peer education activities in the province would be made in collaboration with other donors that currently support the education sector. In doing so, the new programme would focus on reproductive health demand creation and service delivery.

33. There will be a continuation of support for refugees in Maheba settlement, including peer education, community education and strengthening of service delivery, if extrabudgetary resources can be identified. Expansion to other refugee settlements would also be considered.

34. The amount of $6.25 million would be allocated to the reproductive health subprogramme, including for advocacy. In addition, the Government of Japan has committed

$600,000 over three years to support parts of the refugee component project, and additional non-regular funds for staffing and training costs would be sought to complement them.

35. Population and development strategies. In the area of population and development strategies, donor support other than from UNFPA is very limited. In light of this situation, and given the national concerns in this area, especially as a result of the HIV/AIDS pandemic, the cluster of activities for this subprogramme would be limited to a number of key areas. The purpose of the subprogramme is to integrate population, gender and HIV/AIDS concerns into the Poverty Reduction Strategy Paper (PRSP) and other sectoral plans and programmes. The first output of the subprogramme would be revising and coordinating implementation of the national population policy. Support would be provided for the finalization of the revision of the policy, which would incorporate the population and development impact of the HIV/AIDS pandemic.

36. The second expected output of the subprogramme is the strengthening of training and research to support the implementation of the national population policy. Research and data collection would be carried out by a national team of researchers focused on meeting the needs of provincial activities and would include some fieldwork opportunities for university students. The results would be shared nationwide with other population partners. The team would also be involved in developing indicators for monitoring the national population programme.

37. The DHS is undertaken every four years in Zambia and has proven to be a very useful source of information on many aspects of reproductive health. In the 2001 DHS, for the first time in any country, there will be a module on HIV. While USAID is the major donor, additional funds will be required and, given its relevance to the mandate of UNFPA, some assistance for the dissemination of the 2001 DHS and for the 2005 DHS will be provided. A small proportion of funds will be provided for finalizing the analysis of the 2000 census results.

38. The third expected output is enhanced advocacy for population, gender and HIV/AIDS concerns, which will focus on national decision makers, including senior government officials and parliamentarians, as well as on community leaders, including the traditional rulers. The latter will be involved in order to help facilitate community-based educational activities, especially in sensitive areas such as gender-based violence and the prevention of HIV/AIDS.

39. The fourth expected output is strengthened capacity of key institutions to address population, gender and HIV/AIDS concerns. Following up on issues identified in the evaluation of the past programme, a number of activities related to the function of the Government's population focal point in the Ministry of Finance and Economic Development would be supported, including helping to review current coordinating mechanisms and determining more effective ones. Baseline data would be established in order to monitor the progress of the national population programme. Support would also be provided to facilitate implementation and to address such issues as accountability, timely submissions, high personnel turnover and

transparency. Technical assistance, including training and placement of national professional project personnel, would be provided under the UNFPA programme.

40. In order to ensure that national capacity in demography and statistical analysis is maintained, support to the Demography Department of the University of Zambia would include assisting in the revision of the curriculum to incorporate such emerging issues as HIV/AIDS, reproductive health, gender and the environment. Short courses on data analysis, research and population studies, which are not currently provided in-country and for which there is a local demand, would also be supported, as would a post-graduate programme in population studies.

Implementation, coordination, monitoring and evaluation

41. Implementation of the proposed country programme would be undertaken by various government and non-government agencies, overseen by the population focal point in the Ministry of Finance and Development. The focal point would use the annual inter-agency meeting to review progress and write a report highlighting lessons learned and areas of need. It would also be responsible for avoiding overlap or duplication of effort among different bodies.

42. Annual reviews, a midterm review and an end-of-programme evaluation would be undertaken. The UNFPA Representative would be responsible for ensuring that there are close interlinkages and coordination mechanisms with all partners in population and health. Most importantly, the Representative would be responsible for ensuring that the country programme effectively contributes to a scaled-up country response to addressing HIV/AIDS and shares its experiences with other partners. The Representative's efforts would be augmented by the country office team, comprising two National Programme Officers, a finance assistant, secretary and driver. Backstopping from the Country Technical Services Team from Harare, Zimbabwe, and local consultants would provide technical advice to the programme, while national project personnel would assist with implementation. Under the proposed programme, an amount of $750,000 would be allocated for programme coordination and assistance.

Recommendation

43. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to the Government of Zambia, as presented above, in the amount of $10.25 million for the period 2002-2006, of which $8.25 million would be programmed from the Fund's regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of $2.0 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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